

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

This amendment changes the unit time and rate definition for a portion of the home- and community-based services (HCBS) waiver services.

Pursuant to direction from the Centers for Medicare and Medicaid Services (CMS) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), no state Medicaid department can use atypical billing codes. Most of the codes used to bill waiver services to the Iowa Medicaid Enterprise (IME) are atypical and therefore need to be changed to standardized healthcare common procedure coding system (HCPCS) or current procedural terminology (CPT) codes. Those standardized codes have different unit descriptions than those currently used by the IME. The proposed changes to subrule 79.1(2) will cause the rates of reimbursement to match the unit definitions of the services. For example, the rate of reimbursement for a service that is now defined as 15 minutes will be expressed as a 15-minute rate instead of as an hourly rate.

This amendment will increase rates to meet minimum wage guidelines for senior companion services from \$6.59 to \$7.25 per hour.

This amendment will also implement changes needed to align reimbursement with new billing code definitions caused by atypical conversion. Old unit rates were mathematically adjusted to match the new unit rate (i.e., an hourly rate was divided by 4 to create a 15-minute rate).

This amendment is a companion to the rule making revising Chapter 78, waiver services descriptions, that is published herein under Notice of Intended Action as **ARC 0567C**.

Any interested person may make written comments on the proposed amendment on or before February 12, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waivers in specified situations because CMS has not indicated that any state can be exempt from the guidelines described herein. The Department does not see any reason why any provider type would be exempt from adherence to CMS guidelines. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 249A.4.

The following amendment is proposed.

Amend subrule **79.1(2)**, provider category “HCBS waiver service providers,” paragraphs “1,” “4,” “7,” “11,” “12,” “14” to “16,” “22” and “29,” as follows:

Provider category	Basis of reimbursement	Upper limit
1. Adult day care	Fee schedule	For <u>Effective 7/1/13, for</u> AIDS/HIV, brain injury, elderly, and ill and handicapped waivers effective 1/1/13 : Provider’s rate in effect 6/30/12 plus 2%, <u>converted to a 15-minute, half-day, full-day, or extended day rate.</u> If no 6/30/12 rate: Veterans Administration contract rate or <u>\$1.41 per 15-minute unit, \$22.56 per half-day, \$44.91 per full day, or \$67.35 per extended day</u> if no Veterans Administration contract. For <u>Effective 7/1/13, for</u> intellectual disability waiver: County contract rate or, effective 1/1/13 in the absence of a contract rate, provider’s rate in effect 6/30/12 plus 2%, <u>converted to a 15-minute, half-day, full-day, or extended day rate.</u> If no 6/30/12 rate, <u>\$1.88 per 15-minute unit, \$30.06 per half-day, \$60.00 per full day, or \$76.50 per extended day.</u>
4. Homemakers	Fee schedule	Effective 1/1/13 <u>Effective 7/1/13,</u> provider’s rate in effect 6/30/12 plus 2%, <u>converted to a 15-minute rate.</u> If no 6/30/12 rate: \$20.21 per hour <u>\$5.05 per 15-minute unit.</u>
7. Chore service	Fee schedule	Effective 1/1/13 <u>Effective 7/1/13,</u> provider’s rate in effect 6/30/12 plus 2%, <u>converted to a 15-minute rate.</u> If no 6/30/12 rate: \$7.86 per half hour <u>\$3.93 per 15-minute unit.</u>
11. Transportation	Fee schedule	Effective 1/1/13 <u>Effective 7/1/13:</u> County contract rate or, in the absence of a contract rate, provider’s rate in effect 6/30/12 plus 2%, <u>converted to a mile or one-way trip unit rate.</u>
12. Nutritional counseling	Fee schedule	Effective 1/1/13 <u>Effective 7/1/13</u> for non-county contract: Provider’s rate in effect 6/30/12 plus 2%, <u>converted to a 15-minute rate.</u> If no 6/30/12 rate: <u>\$8.42 per 15-minute unit.</u>

Provider category	Basis of reimbursement	Upper limit
14. Senior companion	Fee schedule	Effective 4/4/13 <u>7/1/13</u> for non-county contract: Provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$6.72 per hour <u>\$1.82 per 15-minute unit</u> .
15. Consumer-directed attendant care provided by:		
Agency (other than an elderly waiver assisted living program)	Fee agreed upon by member and provider	Effective 4/4/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$20.60 per hour <u>\$5.15 per 15-minute unit</u> , not to exceed \$119.05 per day.
Assisted living program (for elderly waiver only)	Fee agreed upon by member and provider	Effective 4/4/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$1,139.34 per calendar month. When prorated per day for a partial month, \$37.44 per day <u>\$5.15 per 15-minute unit</u> , not to exceed \$119.05 per day.
Individual	Fee agreed upon by member and provider	Effective 4/4/13 <u>7/1/13</u> , \$13.74 per hour <u>\$3.44 per 15-minute unit</u> , not to exceed \$80.13 per day.
16. Counseling		
Individual:	Fee schedule	Effective 4/4/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$11.01 per 15-minute unit.
Group:	Fee schedule	Effective 4/4/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$44.00 per hour <u>\$11.00 per 15-minute unit</u> . Rate is divided by six, or, if the number of persons who comprise the group exceeds six, the actual number of persons who comprise the group.
22. Family counseling and training	Fee schedule	Effective 4/4/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, converted to a 15-minute rate. If no 6/30/12 rate: \$44.00 per hour <u>\$11.00 per 15-minute unit</u> .

Provider category	Basis of reimbursement	Upper limit
29. In-home family therapy	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2%, <u>converted to a</u> <u>15-minute rate</u> . If no 6/30/12 rate: \$95.50 per hour <u>\$23.88 per</u> <u>15-minute unit</u> .